

The Health of Tennessee's Women 1999

A Summary Report of Mortality and Women's Health Issues

SEPTEMBER 2001

TENNESSEE DEPARTMENT OF HEALTH

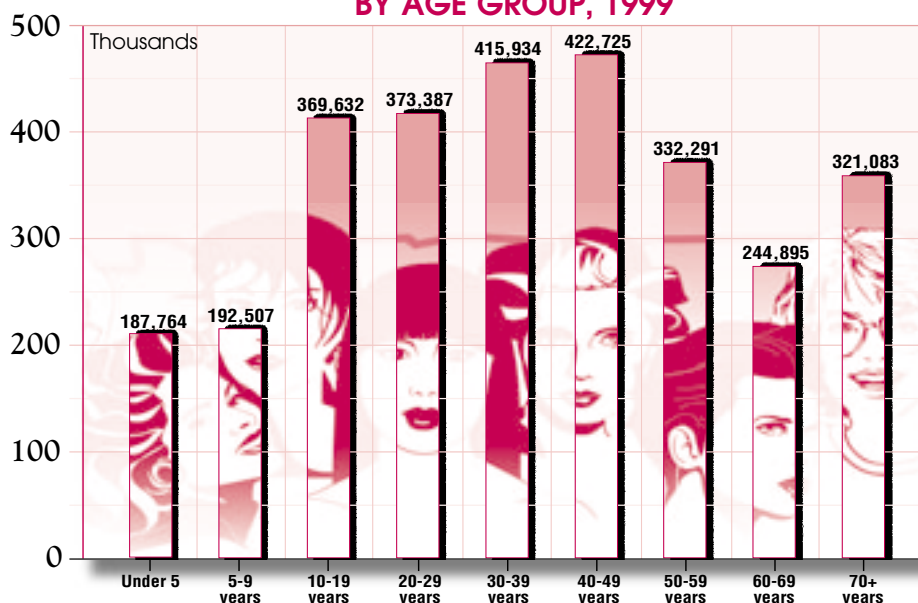
September 2001

The Health of Tennessee's Women 1999 examines some of the factors that affect the health status of Tennessee's female population. Maternal risk factors such as adequate prenatal care, smoking, alcohol usage, and age greatly impact pregnancy outcomes. Adolescent mothers are at particular risk of having low-weight babies, as are mothers age 40 years and older.

Mortality trends and cancer incidence data are also included in this report. The challenge facing women as individuals is to modify their lifestyles to maintain good health and prevent diseases. Health education, preventive screening, and early detection are important factors to reduce mortality risk from diseases such as cancer, cerebrovascular and heart disease.

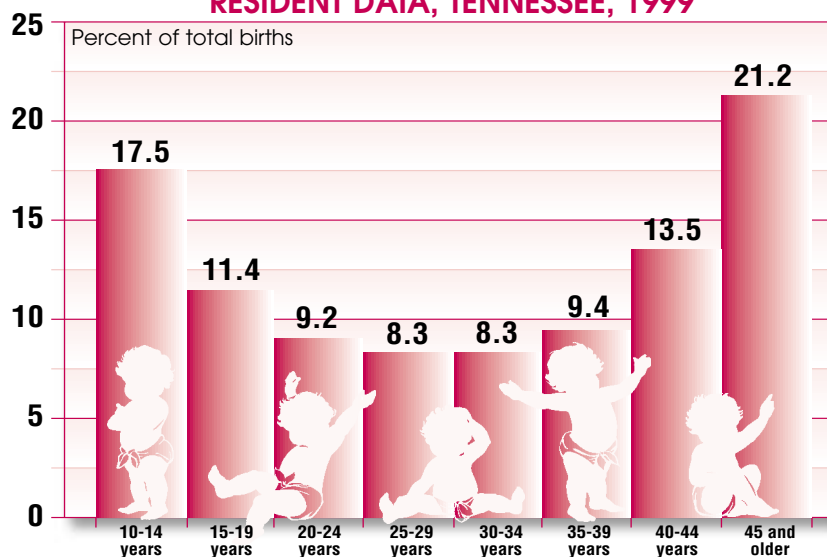
In 1999, the age group 40-49 contained Tennessee's greatest number of females (422,725). This age group accounted for 14.8 percent of Tennessee's total female population. The percentage of females under 10 years of age was 13.3, while 11.2 percent of females were aged 70 and older.

TENNESSEE'S FEMALE POPULATION BY AGE GROUP, 1999



Source: Health Statistics and Research, Revised June 19, 2000 Population Estimates.

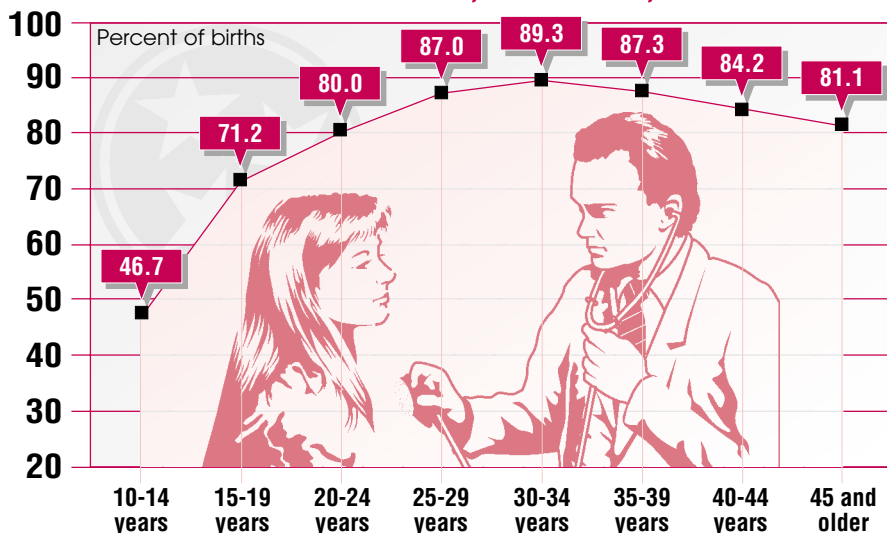
PERCENT OF LOW-WEIGHT* BIRTHS BY AGE GROUP RESIDENT DATA, TENNESSEE, 1999



*A live birth weighing less than 2,500 grams (5 pounds, 9 ounces).

Low-weight babies are at higher risk of dying in the first months of life than babies of normal weight. Of the total births in 1999, 7,151 or 9.2 percent were under 2,500 grams. The low-weight percent of total births was greatest for mothers aged 45 years and older (21.2), followed by mothers aged 10-14 years (17.5), and mothers aged 40-44 (13.5). Of the total low-weight births, 25.8 percent of mothers reported tobacco use during pregnancy. White mothers reported the highest percentage (32.4), while black mothers reported a much lower tobacco use percentage (13.4). The national goal for low-weight births for the years 2000 and 2010 is 5.0 percent of total live births.

PERCENT OF BIRTHS WITH PRENATAL CARE BEGINNING IN THE FIRST TRIMESTER, BY AGE GROUP RESIDENT DATA, TENNESSEE, 1999



In 1999, there were 77,761 live births to Tennessee residents. Of the births to mothers ages 10-14, only 46.7 percent began prenatal care in the first trimester. The percentage of first trimester care by age group increased to a high of 89.3 percent for ages 30-34 and then decreased for the older age groups. The total percent of Tennessee births beginning care in the first trimester was 82.8. The national goal for the years 2000 and 2010 is for 90.0 percent of all births to have prenatal care beginning in the first trimester.

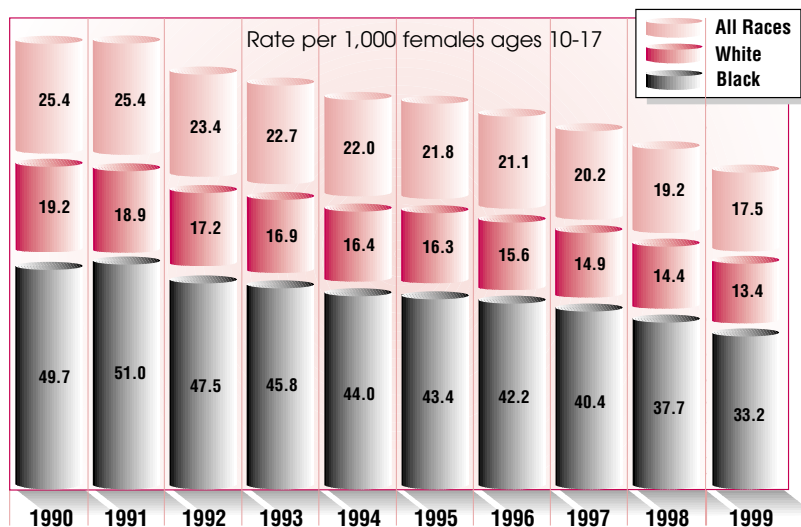
The percentage of 1999 births with adequate care was 74.4. This was an increase over the 72.7 percent in 1995. In 1999, 3,726 or 4.8 percent of the total births had inadequate care, and 1,022 or 1.3 percent of the total births reported indicated no prenatal care was received.

PERCENT OF LIVE BIRTHS BY ADEQUACY OF PRENATAL CARE RESIDENT DATA, TENNESSEE, 1995-1999

	Adequate	Intermediate	Inadequate	No Care
1999	74.4	19.5	4.8	1.3
1998	74.8	19.1	4.7	1.4
1997	74.3	18.9	5.3	1.5
1996	73.4	19.9	5.4	1.4
1995	72.7	20.9	5.2	1.2

Adequacy of care derived from criteria defined in the Kessner Index, which classifies prenatal care on the basis of prenatal visits, gestational age, and the trimester care began. In addition to the specific number of visits indicated for inadequate care, all women who started their care during the third trimester (28 weeks or later) were considered to have received inadequate care.

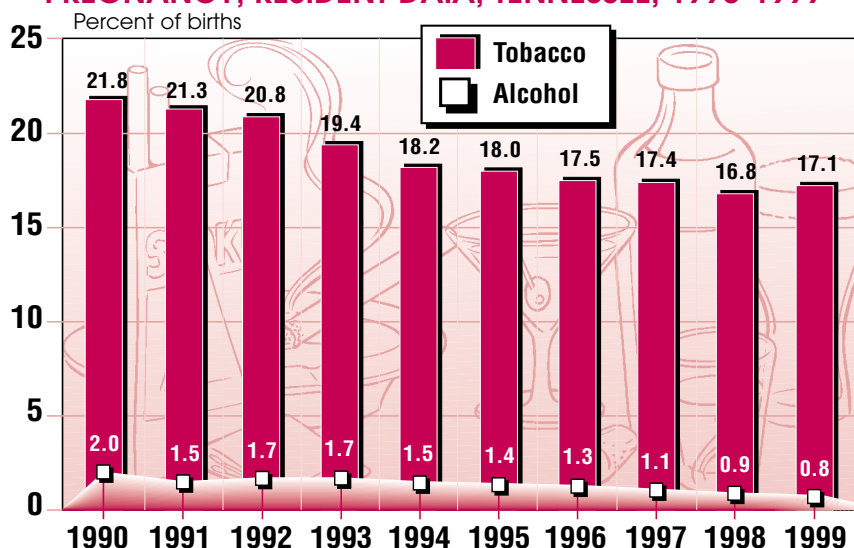
ADOLESCENT PREGNANCY RATES (10-17), BY RACE RESIDENT DATA, TENNESSEE, 1990-1999



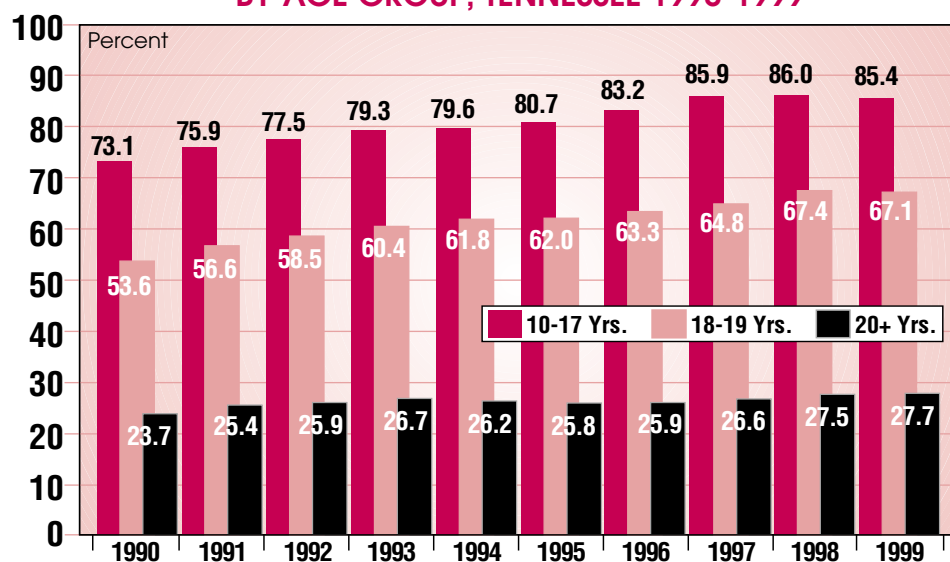
Adolescent pregnancies include births, abortions, and fetal deaths. The total pregnancy rate for females ages 10-17 declined 31.1 percent from 25.4 in 1990 to 17.5 in 1999. The white adolescent rate dropped 30.2 percent from 19.2 in 1990 to 13.4 in 1999. The 1990 black rate of 49.7 dropped 33.2 percent to 33.2 pregnancies per 1,000 females in 1999.

The reporting of alcohol and tobacco use on Tennessee resident birth certificates generally declined over the period 1990-1999. In 1999, 99.0 percent of Tennessee birth certificates indicated no alcohol use, 0.8 percent indicated use, and 0.2 percent did not respond to the question. No tobacco use was indicated on 82.8 percent of the 1999 Tennessee birth certificates, 17.1 percent indicated tobacco use, and the remaining 0.2 percent did not respond. The Year 2010 goal for alcohol abstinence during pregnancy is 94 percent while the goal for tobacco abstinence is 99 percent. *NOTE: This data is based on information provided by the mother and may be underreported.*

REPORTED ALCOHOL AND TOBACCO USE DURING PREGNANCY, RESIDENT DATA, TENNESSEE, 1990-1999



PERCENT OF BIRTHS TO UNMARRIED MOTHERS BY AGE GROUP, TENNESSEE 1990-1999

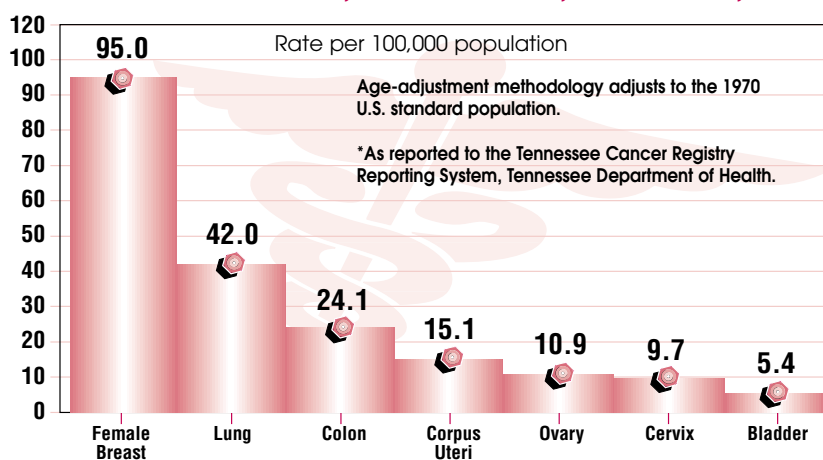


The highest percent of out-of-wedlock births was for mothers under 18 years of age. These babies were at greatest risk for negative social and economic consequences as adolescent mothers very often lack education and job skills. From 1990 to 1999, the percent of out-of-wedlock births increased 16.8 percent for mothers aged 10-17, 25.2 percent for mothers 18-19, and 16.9 percent for mothers 20 years and older.

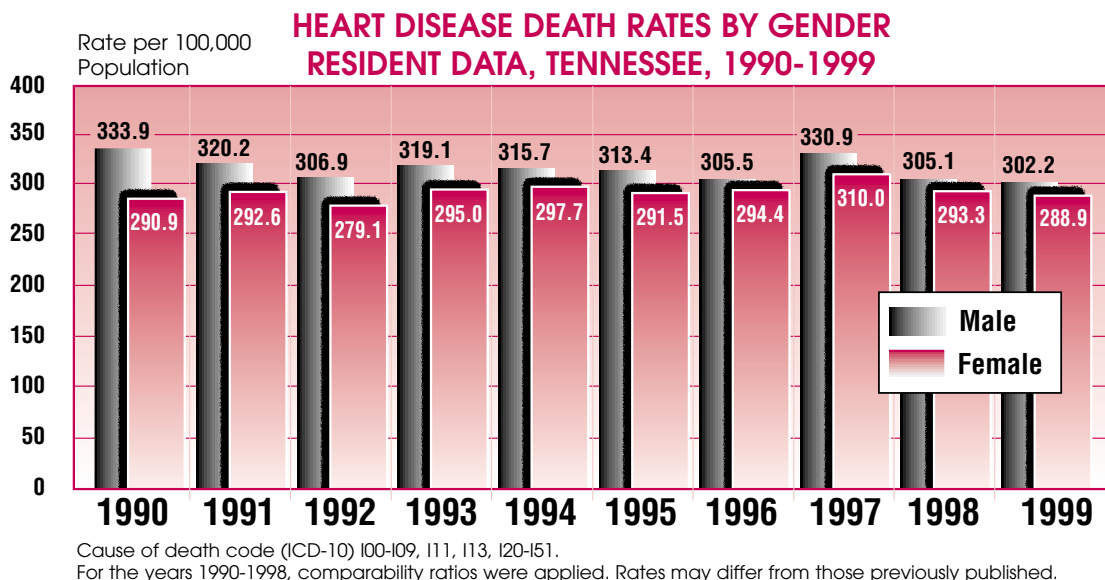
Tennessee's Cancer Registry Reporting System collects data on cancer cases diagnosed and/or treated in Tennessee hospitals. These reports supplied the incidence data for this publication. *Note: The incidence data age-adjusts to a different standard population than the death data.*

Cancer incidence rates by selected types show that female breast cancer had the highest incidence rate of 95.0 for 1997. The lung cancer rate for females of 42.0 was second, and the colon cancer rate of 24.1 per 100,000 females was third.

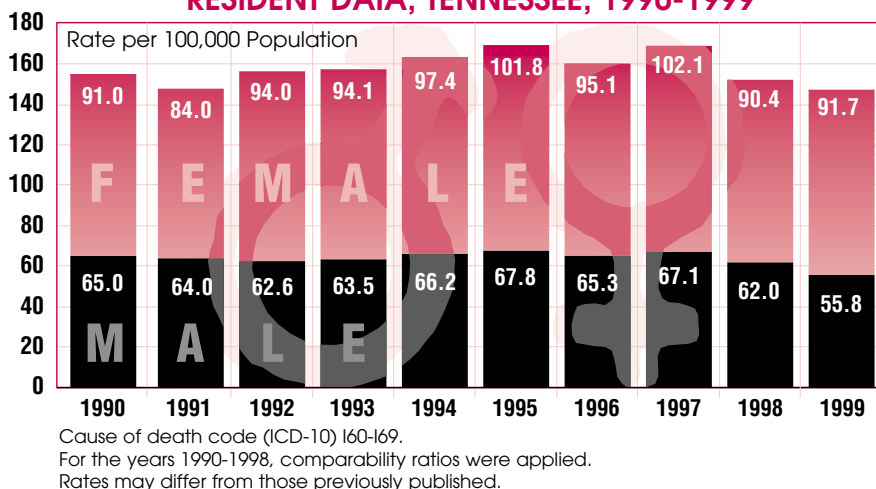
AGE-ADJUSTED CANCER INCIDENCE* RATES BY SELECTED TYPES, FOR FEMALES, TENNESSEE, 1997



Heart disease is the leading cause of death for both males and females in Tennessee. However, while the crude death rate for males declined 9.5 percent from 1990 to 1999, the rate for females only decreased 0.7 percent for the same period. In 1990, the rate for males was 14.8 percent greater than the female death rate. In 1999, the male death rate for heart disease was only 4.6 percent greater than the female death rate.



CEREBROVASCULAR DISEASE DEATH RATES BY GENDER RESIDENT DATA, TENNESSEE, 1990-1999



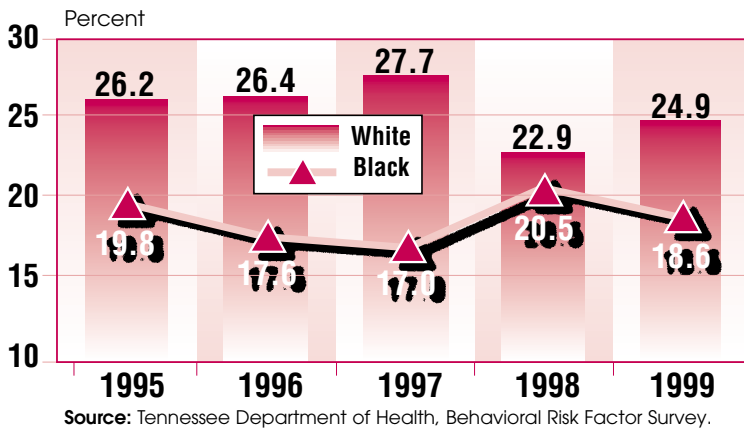
Tennessee's cerebrovascular disease death rate was higher for females than for males during the period 1990-1999. The crude death rate for females increased to a high of 102.1 deaths per 100,000 females in 1997 and then decreased for 1998 and 1999. The 1999 rate for females of 91.7 was 64.3 percent higher than the rate of 55.8 for males.

In 1999, males continued to have higher death rates for diseases of the heart and malignant neoplasms than females, but the rate for females for cerebrovascular

diseases was 1.6 times greater than that for males. The crude death rate for white females was greater than both the total and black female rates for seven of the ten leading causes in 1999. Black females had higher death rates per 100,000 population for diabetes, nephritis, nephrotic syndrome and nephrosis, and septicemia, as classified by the International Classification of Disease Codes (ICD-10).

LEADING CAUSES OF DEATH (ICD-10 CODES) FOR FEMALES BY RACE, WITH RATES PER 100,000 POPULATION RESIDENT DATA, TENNESSEE, 1999

Cause	Total	Rate	White	Rate	Black	Rate
Total Deaths	27,024	944.8	22,779	967.2	4,183	882.1
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	8,263	288.9	6,926	294.1	1,325	279.4
2. Malignant neoplasms (C00-C97)	5,445	190.4	4,622	196.3	803	169.3
3. Cerebrovascular diseases (I60-I69)	2,624	91.7	2,248	95.5	371	78.2
4. Chronic lower respiratory disease (J40-J47)	1,230	43.0	1,128	47.9	99	20.9
5. Accidents (V01-X59, Y85-Y86)	943	33.0	814	34.6	123	25.9
Motor vehicle accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0-V89.2)	399	13.9	341	14.5	54	11.4
6. Influenza and pneumonia (J10-J18)	897	31.4	797	33.8	97	20.5
7. Diabetes (E10-E14)	828	28.9	588	25.0	237	50.0
8. Alzheimer's disease (G30)	650	22.7	595	25.3	55	11.6
9. Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	391	13.7	285	12.1	106	22.4
10. Septicemia (A40-A41)	332	11.6	264	11.2	68	14.3

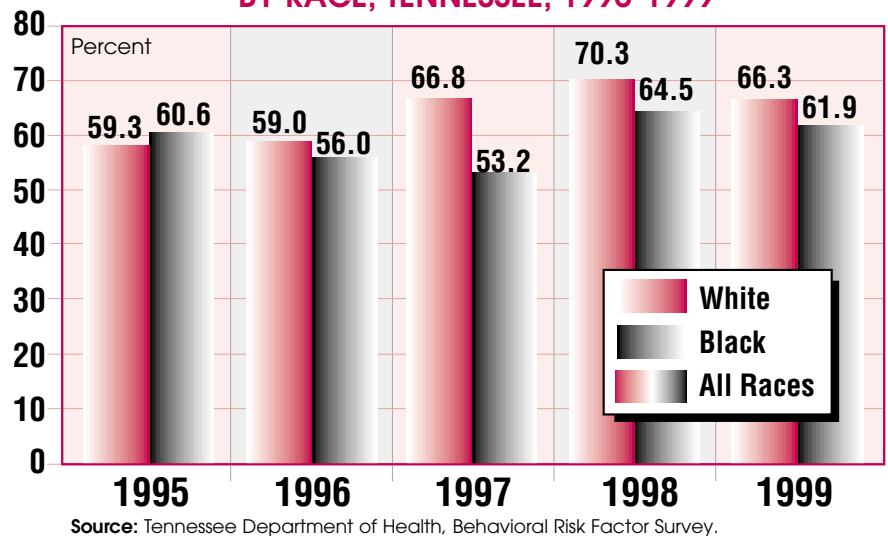


PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY ARE CURRENT SMOKERS, BY RACE, TENNESSEE, 1995-1999

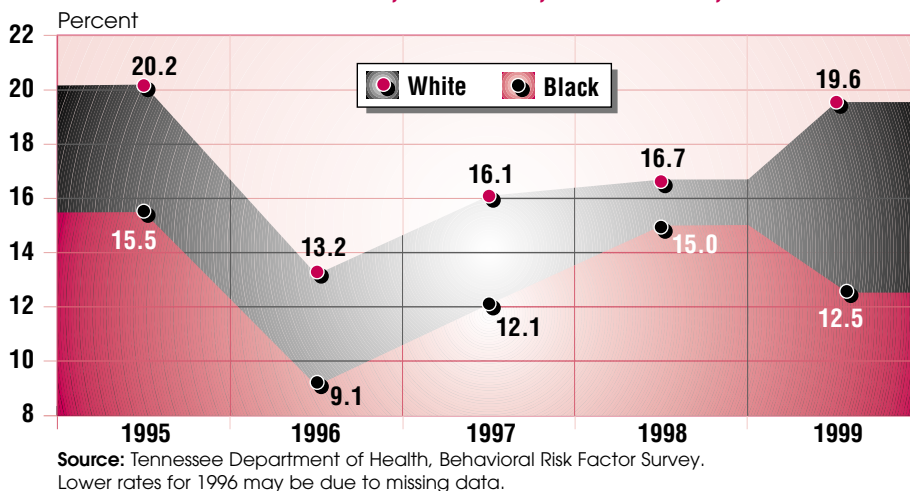
Tobacco use is a major risk factor for heart disease, cancer, respiratory, and other diseases. The percent of women aged 18 years and older who reported they were smokers was greater for whites than blacks according to data collected from the Tennessee Behavioral Risk Factor Survey for 1995-1999. For these women, the percent of white female smokers declined 5.0 percent from 1995 to 1999 while the percent of black female smokers declined 5.1 percent over the same period.

Breast cancer is the second leading cause of cancer deaths among Tennessee's women. Screening for breast cancer can reduce the mortality rate by providing early detection. Data from the Tennessee Behavioral Risk Factor Survey provides estimates by race of the percent of women aged 50 and older who stated they had a mammogram and breast exam within the last two years. These percentages fluctuated over the period 1995-1999. The national objective for the year 2000 is for 60.0 percent of all women aged 50 and older to have had a mammogram and breast exam within the last two years. The national target for the year 2010 is for 70.0 percent of women aged 40 years and older to have had a mammogram within the preceding two years.

PERCENT OF WOMEN AGED 50 AND OLDER WHO REPORTED THEY HAD A MAMMOGRAM AND BREAST EXAM WITHIN LAST TWO YEARS, BY RACE, TENNESSEE, 1995-1999



ESTIMATE OF THE PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO DID NOT HAVE A PAP SMEAR WITHIN THE PAST TWO YEARS, BY RACE, TENNESSEE, 1995-1999



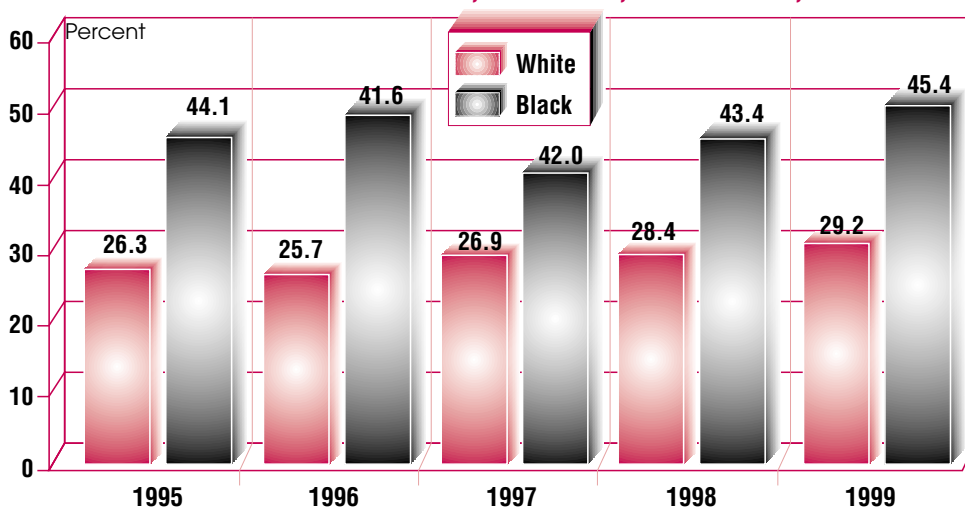
Mortality from invasive cervical cancer can be reduced with the use of the pap test through early detection and intervention. The Behavioral Risk Factor Survey results indicate that the percent of women 18 years and older who did not have a pap smear within the past two years fluctuated throughout the period of 1995-1999. The survey also showed the percentages were greater for whites than blacks for the five-year period.

The Behavioral Risk Factor Survey results show minority women reported higher percentages of overweight for the five-year period 1995-1999. In 1999, the percent for black women was 1.6 times greater than the percent for white women. Overweight is associated with high blood pressure, high cholesterol levels, and is a risk factor for coronary heart disease and diabetes. The prevalence of overweight can be influenced by heredity, environmental, cultural, and socioeconomic conditions. Properly balanced dietary intake and exercise are both important factors in weight control.

The Behavioral Risk Factor Surveillance System is a state-based computer-assisted telephone interviewing effort conducted in cooperation with the Centers for Disease Control and Prevention. Since 1984, adults have been surveyed every month in randomly selected households throughout the state. Questions are constructed to determine the behaviors of individuals that will affect their risk of developing chronic diseases that may lead to premature mortality and morbidity.

Please visit the **Health Statistics and Research** and **Health Information Tennessee (HIT)** pages at the **Health**

PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED BEING OVERWEIGHT, BY RACE, TENNESSEE, 1995-1999



Source: Tennessee Department of Health, Behavioral Risk Factor Survey.
1996 and 1997 data only available for nonwhites.

Data site on the Tennessee Department of Health website:
www.state.tn.us/health

NOTE: The population estimates for Tennessee used to calculate the rates in this report were based on estimates prepared from the 1990 census by the Department of Sociology at the University of Tennessee in Knoxville. On June 19, 2000 population projections were revised by Health Statistics and Research. These revised projection figures were based on updated county total estimates released by the Bureau of the Census, and may result in rates that differ from those previously published.

Age-adjustment is a technique that removes the effect that differences in

age distributions have on mortality rates for two or more groups being compared.

Birth and death certificates filed with the Office of Vital Records supplied the pregnancy, birth, and death data for this report.

The Health of Tennessee's Women 1999 is published by the Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research, Cordell Hull Building, Nashville, Tennessee, 37247-5262.
Marguerite Lewis, Director
For additional information please contact:
George Plumlee, Coordinator, (615) 741-1954.



Tennessee Department of Health, Authorization
No. 343212, September 2001.